



MedHealth Review, Inc.  
661 E. Main Street  
Suite 200-305  
Midlothian, TX 76065  
Ph 972-921-9094  
Fax 972-775-6056

## Notice of Independent Review Decision

**DATE OF REVIEW:** 07/08/10

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

The item in dispute is the prospective medical necessity of outpatient lumbar facet injection under fluoroscopy and IV sedation at L3-L4 and L5-S1 bilaterally (64475, 64476 x2, & 77003).

### **A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. This reviewer has been practicing for greater than 15 years.

### **REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)  
 Overturned (Disagree)  
 Partially Overturned (Agree in part/Disagree in part)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of outpatient lumbar facet injection under fluoroscopy and IV sedation at L3-L4 and L5-S1 bilaterally (64475, 64476 x2, & 77003).

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:  
DO and Xchanging

These records consist of the following (duplicate records are only listed from one source): Records reviewed from, DO: Follow-up Notes – 01/31/05 to 5/26/10 and an operative note 4/28/10.

Xchanging- 5/13/10 denial letter, 5/21/10 denial letter, office notes by DC of 11/30/04 to 12/7/04, email from 5/10/10, 5/10/10 preauth form, 5/13/10 and 5/21/10 emails from, 5/13/10 report by DO, 5/14/10 email from, 5/14/10 resubmission of preauth request form and 5/21/10 report by MD.

A copy of the ODG was not provided by the Carrier or URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This gentleman injured his back in a work related accident on xx/xx/xx. Records indicate that he was loading an object onto a tilt tractor when he felt a “pop” in his lower back. Summaries indicate that a MRI of the lumbar spine performed sometime prior to January, 2005 showed moderate lumbar spondylolysis with neural foraminal stenosis bilaterally at L4-5. EMG studies were said to suggest “radiculitis.” Records indicate that the patient had multiple lumbar epidural steroid injections with various relief of his symptoms.

He was referred to a pain management program in xx/xx and was initially evaluated by D.O. on January 31, 2005. Dr. noted the reported injury and subsequent problems and stated that the patient was complaining of chronic axial pain with bilateral buttock and lower leg pain. His diagnoses were chronic back pain with lumbar spondylosis, myofascial pain syndrome of the lumbar spine and moderate to severe reactive depression. Dr. stated that he could not rule out lumbar radiculopathy or intervertebral disk disorder. Dr. recommended a multidisciplinary pain program with narcotic analgesia, antidepressants, daily physical therapy, and counseling.

Apparently, in 2009, Dr. diagnosed lumbar facet syndrome and suggested lumbar facet injections. The first referencing facet injections is from Dr. and dated February 1, 2010. At that time, he reported that clinical findings were consistent with a lumbar facet syndrome. He noted tenderness over the facet joints at L4-5 and L5-S1 and pain aggravated by side bending and extension. He stated that the pain was centered primarily in the groin area. He recommended facet joint injections in addition to exercise therapy with Williams flexion exercises and lumbar stabilization procedures. He noted that the patient was taking hydrocodone, Cymbalta, and Lyrica.

Apparently, at some point, lumbar facet injections were approved and on April 28, 2010, Dr. performed facet injections with Marcaine and triamcinalone at L3-4, L4-5, and L5-S1 bilaterally. These injections were followed by range of motion and physical therapy modalities. On May 3, 2010, Dr. noted that the patient had described 70% improvement in back, buttock, and leg pain following injections into the facets. He recommended a second facet injection.

On May 26, 2010, Dr. implied that he still had 70% improvement in pain following facet injections six weeks prior to this note. He recommended second and possibly third injections. He stated that he was not recommending radiofrequency lesioning. He stated "If a patient does well with a less invasive procedure, then certainly we will pursue this avenue. If, however, his pain returns, then consideration for medial branch and radiofrequency lesioning will be made." There have been two requests and two denials for outpatient lumbar facet injections under fluoroscopy and IV sedation at L3-4 and L5-S1 bilaterally.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

The patient injured his back in a work related accident on xx/xx/xx. He has had extensive treatment including therapy, multiple medications, lumbar epidural steroid injections, facet injections, and a chronic pain management program. He apparently was diagnosed with lumbar facet syndrome sometime in 2009 and underwent three-level bilateral facet injections on April 28, 2010. Records indicate that he had 70% relief of symptoms lasting six weeks. The treating physician, Dr., subsequently requested repeat lumbar facet injections.

The ODG Guidelines clearly indicate that repeat injections are not appropriate. The Guidelines state that "current evidence is conflicting as to this procedure and at this time, no more than one therapeutic intra-articular block is suggested. If successful, the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy if the medial branch block is positive."

Records indicate that the initial intra-articular blocks, although performed at three levels rather than the recommended two levels, did produce 70% reduction in symptoms which apparently lasted six weeks. According to the Guidelines, repeat intra-articular blocks are not recommended. It is recommended that the injured worker undergo medial branch diagnostic block and subsequent neurotomy if the medial branch block is positive rather than a repeat intra-articular injection per the ODG. Therefore, there is no medical necessity of repeat lumbar facet injections under fluoroscopy and IV sedation at L3-4 and L5-S1 bilaterally at this time.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)